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Weekly Bulletin

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Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. II, No. 25 AUGUST 4, 1923 GUY P. JONES
EDITOR

Pasadena Requires Food Handlers' Examinations.

For the past three years the City of Pasadena has required, by local ordinance, the physical examination of all food handlers employed in that city. This includes all persons employed in groceries, restaurants, bakeries and all establishments in which food is prepared or sold. The examination is required at least once a year and permits are issued to all those who give no evidence of suffering from any of the communicable diseases. Since the first of July, which marks the beginning of the examination period, large numbers of food handlers have applied to Dr. Frank W. Hodgdon, Jr., city health officer, for examination. No less than 1100 such persons were examined by the local health department last year, the largest number of record since the ordinance became effective in 1919.

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Now is Time to Safeguard Babies.

August always brings the greatest number of deaths of infants from intestinal disturbances. Most of such deaths are due to the use of milk that has not been kept properly. The heat of summer causes milk to spoil quickly, necessitating the use of ice in keeping it cool. Many families cannot afford to purchase ice and in some remote places it is not available. Fortunately, in the isolated rural districts, the milk supply is generally so conveniently located that little time is lost in the delivery of milk directly from cow to consumer. It is among the poor of our larger cities that the hardship resulting from inability to keep milk fresh, takes its heaviest toll. Welfare organizations in many cities have worked hard in remedying such conditions. The methods used have varied from the establishment of milk stations, conveniently located in congested districts, where milk is kept cold and sold at a low price, to the free distribution of ice among the poor.

Dr. Chas. J. Hastings, health officer of Toronto, in cooperation with local ice companies has succeeded in the establishment of "cash and carry" ice depots, scattered throughout the city. Ice is sold from these places at a saving of more than one-third of the cost of ice delivered to the consumer. Aside from the advantages in keeping milk safe for babies, it plays an important part in the preservation of many foods. Of this Dr. Hastings says, "It is questionable if in the majority of cases, the money used for this purpose is not an investment from which we get large returns in the saving of food and in enabling us to purchase food in larger quantities."

Typhoid Carrier Fined.

The New Jersey State Department of Health recently brought suit against a typhoid carrier accused of violating a regulation of the state sanitary code which provides that "no person affected with any communicable disease which may be transmitted through food, or who is a carrier of a causative agent of such disease, shall handle food products intended for sale or distribution, which are likely to be consumed raw or liable to convey infective material." The court decision was favorable to the state and the defendant was fined one hundred dollars and costs. This carrier first came to the attention of the state health department in 1921, during an investigation into an outbreak of typhoid fever at a summer home for children. He was employed at the home as a dairyman and was found to be responsible for the infection, which was distributed through milk. Seventy known cases and two deaths were included in this outbreak. After his status as a carrier had been definitely established he was notified that it would thereafter be unlawful for him to handle food intended for sale or distribution. Shortly afterward, he left the state.

In October, 1922, the state health department was notified of the occurrence of many cases of typhoid among consumers of milk from a dairy near Newark. An investigation by the state revealed the fact that this same carrier, under an assumed name, was employed as a milker on the suspected dairy. Thirty-five known cases with three deaths occurred in this outbreak. Upon his discharge from employment the carrier went to Newark, where he was apprehended and the action already referred to was brought against him. He has since left New Jersey and is said to be employed as a laborer while under the surveillance of a local health department.

Twenty-five typhoid carriers have been discovered in California during the past ten years. Some of them have left the state, but most of them are still under the surveillance of local health departments or of the California State Board of Health. Only one of these carriers, through violation of the regulations, has been responsible for the occurrence of other cases of the disease.

Methods, Spirit and Scope of Modern Medicine.

Medical science, in common with other sciences, relies upon observation, comparison and experiment, or upon a combination of these methods. The anatomist by observation and comparison, that is, by dissection of human and animal bodies and by examination of the living, maps and describes the intricate structure of organic forms and studies the laws of growth and development. The physiologist by physical means, by chemical analysis, by observation of men and by experiment upon animals gains insight into the nature of vital processes. The bacteriologist by observing through the microscope the minute plants and organisms which live in blood and tissues, by introducing them into animals under varying conditions, and by comparing results discovers definite and verifiable facts about the causes of health and disease. The pathologist studies by miscroscopic methods, by examination of morbid growths, by experimentation upon animals, the nature and effects of organic diseases. The results which each man secures and the methods he employs are made public and are then tested by other investigators. Mere personal opinion and unverified assertion have no place in modern scientific medicine.

Upon the physician falls the task of discovering the cause or causes of disease in individual patients and of helping them to regain a state of normality or health. This is often a much more complicated and difficult thing than the duty laid upon the laboratory scientist. The bedside practitioner must apply knowledge supplied by anatomy, physiology, pharmacology, biochemistry, pathology, bacteriology, to which he must add his own personal experience, data derived from records of many cases, and the summarized observations and conclusions of other clinicians. Medicine in this sense is obviously an art based upon science rather than an exact science in itself. When the doctor has at his disposal in a given case all the data that modern methods can furnish, temperatures, blood pressures, blood counts, chemical and bacteriological tests, X-ray plates, reports of similar cases, his own recorded or remembered experience, the testimony of his own trained senses, he must interpret all these facts by a careful process of logical reasoning and organize them into either a final judgment or into a tentative hypothesis, which is subject to further tests by later developments. This calls for careful preparation, the scientific attitude, sincerity and constant hospitality to new knowledge and improved methods.

The spirit of modern medicine is, then, scientific; it seeks to be open-minded toward new truth, provided this can be rationally related to the great body of firmly established and organized knowledge about nature, life and mind, about which all scientific men agree. Scientific medicine can not accept ideas which are merely mystical or simply unknown and unverifiable physical or chemical properties, or invoke supernatural intervention, or are in other ways clearly fantastic or beyond the reach of any available demonstration or experiment. So also modern medicine refuses to be labeled with the name of any school or cult. It is committed to no "pathy"; it knows no panacea; it is prejudiced only in favor of conclusions drawn by soundly reasoned processes from exact and verified facts. It recognizes the intricacy of its problems; it realizes that only a beginning has been made; it does not hesitate to admit ignorance or to suspend judgment. Its constant aim is the discovery of truth and its application to human need. These ideas, it must be admitted, are the conscious principles of a relatively small number of the medical men of the world. But the modern scientific spirit is permeating the great body of practitioners who have in the past too much relied upon dogmatic diagnosis, rule-of-thumb, "shot-gun" prescriptions and a cheerful bedside manner. The personality and attitude of the physician toward his patients ought to be important sources of power and success, but they should supplement rather than take the place of the scientific method and spirit.

The scope of modern medicine is as wide as the range of influences, physical, biological, mental and social, which affect health. It has been asserted with some reason that in its preoccupation with the diseases of the body, scientific medicine has too much neglected the psychic and social factors. The rapid spread of cults which invoke various forms of mental suggestion, is probably due in some measure to the failure of modern medicine to include in its scope the relations of physical and mental states, to study these in a scientific spirit and to utilize the healing powers of rationally controlled suggestion. Recent progress in psychiatry, the war-time experience with disorders of the mind, the rise of mental hygiene, and the increased attention being given to these subjects in medical schools and at professional meetings are evidences that the mental aspect of disease is being recognized more fully. So too with the social factor. Health nurses or special visitors of a few leading hospitals now visit the homes of dispensary callers and hospital patients and make reports to the medical staff about housing, family relations and economic status—factors which often have a vital bearing upon the condition of the patient. Thus modern medicine is coming to appreciate that its problem is not merely the body of the sick man, but the larger whole which includes his mental states and his physical and social environment. Perhaps the most important and significant extension of the scope of modern medicine is into the field of prevention by providing immunity through vaccination against many communicable maladies, by cooperating largely with public health authorities, by insisting on frequent examinations to detect incipient defects and diseases, and, most of all, by urging conformity to the laws of personal hygiene and the seeking of positive, vigorous, abounding health.—George E. Vincent, President, International Health Board, Rockefeller Foundation.

Smallpox Epidemic in Anti-Vaccinationist's City.

Gloucester, England, the home of Dr. Hadwen, active anti-vaccinationist and anti-vivisectionist, who has visited California militantly upon several occasions, is now suffering an epidemic of smallpox, with 161 cases of the disease in the hospital. Dr. Hadwen is said to maintain that the outbreak is of varicella, in spite of the fact that the British ministry of health has investigated and pronounced it smallpox. Meanwhile Dr. Hadwen describes his home city as "The City of Dreadful Lies," because smallpox is said to be epidemic there. The situation was complicated early in the course of the outbreak because of the fact that about 10 per cent of the original cases were of varicella and the smallpox, at first, was of a mild type. So far, there have been no deaths reported. It is said that large numbers of residents of Gloucester have never been vaccinated and that only 10 per cent of the children of the community have been vaccinated within three years. Outbreaks of smallpox are occuring also among the unvaccinated in other places in England and Wales.

MORBIDITY.*

Diphtheria—113 cases.

Oakland 8, Martinez 1, Fresno County 2, Mendocino County 3, Salinas 1, Los Angeles County 7, El Segundo 1, Long Beach 5, Los Angeles 54, South Pasadena 1, Ontario 1, San Francisco 19, Stockton 1, Daly City 1, Santa Clara County 3, Sonoma County 1, Stanislaus County 1, Tuolomne County 1, Ventura County 1, Santa Paula 1.

Measles—187 cases.

Alameda 7, Berkeley 3, Oakland 7, Richmond 1, Walnut Creek 1, Fresno County 1, Humboldt County 7, Eureka 4, Inyo County 2, Bakersfield 1, Kings County 3, Los Angeles County 9, Huntington Park 2, Los Angeles 40, Santa Monica 4, Sierra Madre 1, Mendocino County 1, Monterey County 1, Pacific Grove 1, Napa County 1, Calistoga 5, Orange County 1, Sacramento 6, San Bernardino 2, San Francisco 49, San Luis Obispo County 4, Santa Barbara County 3, Santa Clara County 3, Palo Alto 4, Stanislaus County 6, Sutter County 6, Yuba County 1.

Scarlet Fever—56 cases.

Oakland 6, Piedmont 1, Colusa 2, Fresno County 4, Eureka 1, Los Angeles County 2, Long Beach 1, Los Angeles 12, Pomona 1, Whittier 2, Fullerton 2, Riverside 2, San Bernardino County 1, San Bernardino 2, San Francisco 9, Redwood City 1, Santa Clara County 1, Vallejo 2, Tehema County 4.

Smallpox—25 cases.

Los Angeles County 9, Alhambra 2, Los Angeles 9, Pomona 5.

Typhoid Fever—17 cases.

El Dorado County 1, Upper Lake 1, Los Angeles County 2, Hermosa Beach 1, Long Beach 1, Los Angeles 3, Redondo Beach 1, Madera 2, Sacramento County 1, San Francisco 2, Solano County 1, California 1.

Whooping Cough—70 cases.

Alameda 0, Berkeley 3, Oakland 9. Humboldt County 6, Eureka 3, Imperial County 4, Los Angeles County 1, Los Angeles 14, Monterey Park 1, Orange County 2, Sacramento 1, San Benito County 1, Chino 1, San Francisco 8, Lodi 8, San Luis Obispo County 2, San Mateo County 1, Santa Clara County 2, Watsonville 1, Sonoma County 2.

Epidemic Encephalitis—4 cases.

Los Angeles County 1, San Benito County 1, San Francisco 1, Merced 1.

Typhus Fever—1 case from San Fernando.

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*From reports received on July 30 and 31 for week ending July 28, 1923.

COMMUNICABLE DISEASE REPORT.

Disease	1923				1922			
	Week ending			Reports for week ending July 28 received by July 31	Week ending			Reports for week ending July 29 received by Aug. 1
	July 7	July 14	July 21		July 8	July 15	July 22	
Anthrax	0	0	0	1	0	0	0	0
Cerebrospinal Meningitis	4	3	6	0	2	0	2	2
Chickenpox	105	112	51	37	56	50	42	18
Diphtheria	147	111	130	113	99	111	91	106
Dysentery (Bacillary)	0	0	12	0	6	0	1	2
Epidemic Encephalitis	3	2	4	4	4	1	2	2
Gonorrhoea	101	149	92	75	106	87	87	56
Influenza	8	10	8	12	5	12	6	4
Leprosy	1	0	0	0	1	1	2	0
Malaria	2	7	4	6	2	7	4	7
Measles	607	424	348	183	13	15	13	4
Mumps	6	10	10	9	19	29	10	2
Pneumonia	41	23	25	92	85	52	29	57
Poliomyelitis	2	0	5	0	0	2	1	1
Rabies	0	0	0	0	1	0	0	1
Scarlet Fever	95	66	94	56	43	44	35	35
Smallpox	24	36	41	25	38	26	14	12
Syphilis	55	113	129	99	80	109	97	108
Tuberculosis	142	165	146	106	234	160	130	176
Typhoid Fever	9	15	24	17	30	35	34	24
Typhus Fever	0	0	1	1	0	1	0	0
Whooping Cough	84	72	106	70	120	87	61	53
Totals	1436	1318	1236	906	944	829	661	670

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27543 8-23 3M